


Year 2017 
U.S. Department of
Labor
Occupational Safety and Health
Administration

Establishment name CHA2City Charleston State Tennessee

Classify the case

Check the "Injury" column or choose one type of illness:

(M)

Disorder	
Asthma	
COPD	
Chronic bronchitis	
Emphysema	
Other	
Total	

(1)	(2)	(3)	(4)	(5)	(6)
Injury	Skin	Respiratory	Poison	Head	All other

S ☒ ☐ ☐ ☐ ☐ ☐

S ☒ ☐ ☐ ☐ ☐ ☐

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[illegible]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 ☒ ☐ ☐ ☐ ☐ ☐

[illegible]

5 ☒ ☐ ☐ ☐ ☐ ☐

5 ☒ ☐ ☐ ☐ ☐ ☐

[illegible][illegible]

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1678 Privacy Case	Warehouse Associate Amazon Warehouse Associate	8/10	P-1-A130 A455	Shoulder, Lower Back, Right Upper Arm, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74 days	106 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1684 Privacy Case	Warehouse Associate Amazon Warehouse Associate	8/14	P2D-151-A200	Abrasion/scratches (superficial), Head - Facial Area, Left Eye, Equip: Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1686 Privacy Case	Warehouse Associate Amazon Warehouse Associate	8/15	P1F240B165	Bruise, Chest, Right Shoulder, Product: Unstable	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	33 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1690 Privacy Case	Warehouse Associate Amazon Warehouse Associate	8/18	Dock Door 145	Bruise, Foot, Left Foot, Left Great Toe, Left Second Toe, Left Middle Toe, Left Fourth Toe, Left Little Toe, Product: Team Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	21 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1696 Privacy Case	Warehouse Associate Amazon Warehouse Associate	8/24	CHA2 Pack line 4 station 7	Concussion, Head - Facial Area, Skull, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1701 Privacy Case	Warehouse Associate Amazon Warehouse Associate	8/26	Racks	Bruise, Elbow, Left Elbow, Cart: Blue Cage Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	28 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1706 Privacy Case	Warehouse Associate Amazon Warehouse Associate	9/6	Corrugate Area across from Pack Line 5	Sprain/strain, Leg, Left Thigh, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1708 Privacy Case	Warehouse Associate Amazon Warehouse Associate	9/11	Inbound receive dock	Fracture, Elbow, Left Elbow, Left Wrist, Debris: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33 days	25 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1716 Privacy Case	Warehouse Associate Amazon Warehouse Associate	9/17	BOD	Laceration/cut/open wound, Arm, Left Forearm, Knife: Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1717 Privacy Case	Warehouse Associate Amazon Warehouse Associate	9/25	P1E110A520	Bite/sting (animal/insect), Leg, Left Thigh, Bite/Sting: Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1718 Privacy Case	Warehouse Associate Amazon Warehouse Associate	9/27	Incident occurred in the green mile in front of Rebin at the center of the building	Laceration/cut/open wound, Leg, Right Shin, Product: Sharp Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1726 Privacy Case	Warehouse Associate Amazon Warehouse Associate	10/15	Somewhere in F racks	Laceration/cut/open wound, Foot, Right Heel, Knife: Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	18 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1727 Privacy Case	Warehouse Associate Amazon Warehouse Associate	10/18	P-1-C211 C430	Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	10 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1731 Privacy Case	Warehouse Associate Amazon Warehouse Associate	10/31	Unsure pick in A racks somewhere	Bruise, Foot, Left Foot, Product: Heavy / Bulky	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	180 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1737 Privacy Case	Warehouse Associate Amazon Warehouse Associate	11/13	VRC # 2	Eye irritation, Eye, Right Eye, Debris: Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1747 Privacy Case	Warehouse Associate Amazon Warehouse Associate	11/21	Pack Line	Fracture, Hand, Left Ring Finger, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1749 Privacy Case	Warehouse Associate Amazon Warehouse Associate	11/29	Pack Line 7, station next to taper / slammer	Sprain/strain, Shoulder, Left Shoulder, Cart: Blue Cage Cart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1750 Privacy Case	Warehouse Associate Amazon Warehouse Associate	11/30	Mezzanine, possibly P-2-D	Sprain/strain, Shoulder, Right Shoulder, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	4 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1761 Privacy Case	Warehouse Associate Amazon Warehouse Associate	12/7	P1A580A730	Bruise, Head other than face, Scalp, Product: Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 days	5 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1762 Privacy Case	Warehouse Associate Amazon Warehouse Associate	12/8	Pack Line 1 Station 8	Foreign body/puncture (e.g. splinter), Foot, Right Foot, Debris: Pallet Nail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Sprain/strain, Hand, Right Wrist, Right Hand, Product: Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page totals ▶					0	14	10	12	699	568	35	0	0	0	0	1
											Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
											(1)	(2)	(3)	(4)	(5)	(6)

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.